

INFORMATION COLLECTION SUBMISSION WORKSHEET

Part I: Information Collection Request

Use this form in lieu of the OMB 83-I form.

Please read the instructions before completing this form. For assistance in completing this form, contact ED's Paperwork Clearance Official. Submit electronic copies of this form, the collection instrument to be reviewed, parts A and B of the supporting statement, and any additional documentation through EDICS.

1. Agency/Subagency Originating Request: U.S. Department of Education, Federal Student Aid, Business Operations, Grants & Campus Based Division	2. EDICS Tracking and OMB Control Number: (04210) 1845-0028-v.12
3. Title: Application to Participate in the Leveraging Educational Assistance and Partnership (LEAP), Special-LEAP, and Grants for Access and Persistence (GAP) Programs	
4. Type Of Information Collection (Check One): <input type="checkbox"/> New collection <input checked="" type="checkbox"/> Revision of a currently approved collection <input type="checkbox"/> Extension of a currently approved collection <input type="checkbox"/> Reinstatement, with change of a previously approved collection <input type="checkbox"/> Reinstatement, without change of a previously approved collection <input type="checkbox"/> Existing collection in use without an OMB control number	4a. Is this a request for a generic clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
5. Type Of Review Requested: <input checked="" type="checkbox"/> Regular (If Streamlined Also Click Here <input type="checkbox"/>) <input type="checkbox"/> Emergency – Approval requested by: MM/DD/YYYY	6. Expiration Date: MM/DD/YYYY a. <input type="checkbox"/> Three Years From Approval Date b. <input type="checkbox"/> Six months from approval date (Max for Emergency Review) c. <input checked="" type="checkbox"/> Other: 05/31/2011 MM/DD/YYYY d. Specify: / or Number of Months from Approval Date:
7. Does this ICR contain surveys, censuses, or employ statistical methods? <input type="checkbox"/> Yes (Attach Part B of Supporting Statement) <input checked="" type="checkbox"/> No	
8. Does the Supporting Statement serve as a Joint ICR and Privacy Impact Assessment per OMB Memorandum 03- http://www.whitehouse.gov/omb/memoranda/m03-22.html, Section II.D.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
9. Agency Contact and Phone Number: Greg Gerrans, LEAP Program Manager, 202-369-9560	
10. Abstract: The officially designated educational agencies each of the 50 States, the District of Columbia, Puerto Rico, and four island jurisdictions use this form to apply annually to participate in the Leveraging Educational Assistance and Partnership (LEAP), Special Leveraging Educational Assistance and Partnership (SLEAP), and Grants for Access and Persistence (GAP) Programs. On this application the states provide information the Department requires to obligate funds and for program management.	

11. Authorizing Statute(s):

a.	US Code	20	USC	1070c	Name of Law:	Higher Education Act of 1965, As amended
	US Code		USC		Name of Law:	Higher Educational Opportunity Act of 2008 (HEOA)
b.	PL	Pub L		Sec	Name of Law:	
	PL	Pub.L.		Sec	Name of Law:	
c.	Statute at Large		USC	20 U.S. 1070c	Name of Statute:	Higher Education Act of 1965, As amended
	Statute at Large		USC		Name of Statute:	Higher Educational Opportunity Act of 2008 (HEOA)
d.	EO	EO		Name /Subject of EO:		
	EO	EO		Name/Subject of EO:		

12. Associated Rulemaking Information

RIN: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 8 4 0 - a c 9 9 </div>	Stage of Rulemaking (check one): <input type="checkbox"/> Proposed Rule <input checked="" type="checkbox"/> Interim Final or Final Rule <input type="checkbox"/> Not associated with rulemaking	Federal Register Citation: FR <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div> Citation Date: (MM/DD/YYYY) <div style="background-color: #cccccc; text-align: center; padding: 5px;">FOR RIMS USE ONLY</div>
<i>For a Proposed Rule, OMB will not consider an ICR complete until the Notice of Proposed Rulemaking has been published.</i>		

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13.	Federal Register Notices & Comments	Federal Register Citation:	Citation Date:	Did ED receive public comments on this ICR?
	60-day Notice:	FR	(MM/DD/YYYY)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	30-day Notice:	FR	(MM/DD/YYYY)	
<i>Unless submitted as an Emergency or Associated with Rulemaking, OMB will not consider an ICR complete until the 30-day notice has been published.</i>				

14. Annual Cost to the Federal Government: \$35,616

15. Add/Edit Information Collections (See IC Data Part 2: Information Collection Detail)

16. Annual reporting and recordkeeping hour burden:

a. Number of respondents: 56

b. Total annual responses: 56

Percentage of these responses collected electronically: 100%

c. Total annual hours requested: 448

d. Current OMB inventory: 112

e. Difference (+/-): 336

f. Explanation of difference

1. Program Change: 336

2. Adjustment:

17. Frequency of recordkeeping or reporting (check all that apply):

a. ☐ Recordkeeping b. ☐ Third party disclosure c. ☒ Reporting

1. ☐ On occasion

2. ☐ Weekly

3. ☐ Monthly

4. ☐ Quarterly

5. ☐ Semi-annually

6. ☒ Annually

7. ☐ Biennially

8. ☐ Once

9. ☐ Other (describe)

18. Citations for New Statutory Requirements: *(Required if any change in burden is a Program Change Due to New Statute.)*

a. US Code: 20 USC 1070c-3a Name of Law: Higher Education Act, as amended

b. PL: Pub.L. - Sec Name of Law:

c. Statute at Large: USC Name of Statute:

d. EO: EO Name /Subject of EO:

19. ☐ Burden increases because of Program Change due to Agency Discretion

☐ Burden decreases because of Program Change due to Agency Discretion

☒ Burden increases because of program change due to statutory changes

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	<input type="checkbox"/> Burden decreases because of program change due to statutory changes
	<input type="checkbox"/> Burden increases because of program change due to lapse of OMB approval
	<input type="checkbox"/> Burden decreases because of program change due to lapse of OMB approval
	Short Statement: <i>(Explain the reasons for any program changes or adjustments reported; provide a short statement on how the reduction in burden was achieved or why the increase in burden occurred. (if you need more space, please provide a short statement less than 4000 characters here and elaborate in the supporting statement.))</i>
	The annual reporting and recordkeeping hour burden requested increased from 112 burden hours to 448 hours due to additional program requirements under new subprogram.
20.	Complete ONLY if this collection requests racial and ethnic data:
	A. Please check the correct box: <input type="checkbox"/> This collection requests racial and ethnic data from individuals. <input type="checkbox"/> This collection requests racial and ethnic data from an aggregated level.
	B. Is this collection compliant with the October 2007 Final Guidance on Maintaining, Collecting, and Reporting Racial and Ethnic Data? <input type="checkbox"/> Yes <input type="checkbox"/> No
	C. If no, provide the PO schedule for becoming compliant for the 2010 Fall Enrollment data: _____(date)
21.	Is this collection related to EDFacts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
22.	Are EDFacts standard definitions for School, LEA, SEA, Children With Disabilities, LEP and Migrant Used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
23.	Please describe the types of reports and analysis to be performed against the data (500 Characters Maximum): <div style="border: 1px solid black; padding: 5px;"> The data and information collected on this application, again, allows the Department to establish program eligibility, obligate funds and for program management. </div>